

SE _____
DATE _____

LUCY ROBBINS WELLES LIBRARY
95 CEDAR STREET
NEWINGTON, CT 06111

UPD _____
DATE _____

TEACHER REGISTRATION FORM

*Teacher cards are issued to any educator residing or teaching in the town of Newington.
Materials loaned on a teacher's card are for classroom use only.*

PLEASE PRINT
NAME:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other (please specify) _____

First Name _____

Preferred Name _____

Middle Name or initial _____

Last Name _____ Suffix _____

SCHOOL _____
Name of School

Street

City

State

Zip Code

SCHOOL TELEPHONE (including area code) _____

HOME ADDRESS

Street

State

Zip code

HOME TELEPHONE (including area code) _____

E-MAIL ADDRESS _____

Please fill in the following information:

DATE OF BIRTH _____ MALE _____ FEMALE _____

*I take full responsibility for all materials charged out on this card. I am also responsible
for any fines after designated loan period, or any loss or damage to library materials.
There are no renewals on teacher loans.*

SIGNATURE :

Signature

Date

BARCODE NUMBER _____